Exhibit 60

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA

JACKSON NATIONAL LIFE
INSURANCE COMPANY,

Plaintiff,

ν.

Case No.: 1:17-cv-03857-SCJ

STERLING CRUM,

Defendant.

CERTIFICATION OF RECORDS AUTHENTICITY

I, Thomas G. Pye, as Registered Agent and on behalf of Associates Trust. Inc., hereby certify, depose and say that the attached records constitute all the records as requested in the Subpoena issued by Laura M. Zulick, Esquire in connection with this matter.

Date:

(SIGNATURE)

(PRINT NAME)

LEGAL\38578534\1



DIVISION OF CORPORATIONS





Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation ASSOCIATES TRUST, INCORPORATED

Filing Information

Document Number

P97000101527

FEI/EIN Number

Date Filed

12/01/1997

State

FL

Status

INACTIVE

Last Event

ADMIN DISSOLUTION FOR

ANNUAL REPORT

Event Date Filed

09/25/2009

Event Effective Date

NONE

Principal Address

2625 NE 14TH AVE UNIT 504 WILTON MANORS, FL 33334

Changed: 04/29/2008

Mailing Address

2525 TURTLE CREEK BLVD, APT 522

DALLAS, TX 75219

Changed: 12/12/2008

Registered Agent Name & Address

PYE, THOMAS G

408 W. UNIVERSITY AVE.

SUITE 108-B

GAINESVILLE, FL 32601

Address Changed: 10/28/2002

Officer/Director Detail

Name & Address

Title PST

THOMAS, KEITH M 2525 NE 14TH AVE, #504 FORT LAUDERDALE, FL 33334

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=ASSOCIAT... 1/2

Annual Reports

Report Year	Filed Date
2006	04/28/2006
2007	04/10/2007
2008	04/29/2008

Document Images

04/29/2008 ANNUAL REPORT	View image in PDF format
04/10/2007 ANNUAL REPORT	View image in PDF format
04/28/2006 ANNUAL REPORT	View image in PDF format
04/26/2005 ANNUAL REPORT	View image in PDF format
04/09/2004 ANNUAL REPORT	View image in PDF format
02/17/2003 ANNUAL REPORT	View image in PDF format
10/28/2002 - REINSTATEMENT	View image in PDF format
04/02/2001 ANNUAL REPORT	View image in PDF format
05/19/2000 ANNUAL REPORT	View image in PDF format
06/22/1999 Amendment	View image in PDF format
02/16/1999 ANNUAL REPORT	View image in PDF format
08/06/1998 ANNUAL REPORT	View image in PDF format
03/30/1998 - Amendment and Name Change	View image in PDF format
12/01/1997 - Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations



ARTICLES OF INCORPORATION OF ASSOCIATES TRUST, INC.

97 DEC -1 PM 3-SECRETARY OF STATALLAHASSEE, FLOR

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a corporation under Chapter 607 of the Florida Statutes.

ARTICLE 1- NAME

The name of the Corporation is Associates Trust, Inc., hereafter referred to as "Corporation".

ARTICLE 2 - PURPOSE OF BUSINESS

The purpose of this Corporation is to engage in and transact any and all legal activities or businesses permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE 3 - PRINCIPAL OFFICE

The address of the principal office of this corporation is 3471 N. Federal Highway Suite 506, Ft. Lauderdale, Florida 33306 and the mailing address is the same.

ARTICLE 4 - INCORPORATOR

The name and the street address of the incorporator of this corporation is:

Thomas G. Pye, Esq.

2787 E. Oakland Park Blvd. Suite 301

Ft. Lauderdale, Florida 33018

ARTICLE 5 - OFFICERS

The officers of this Corporation shall be:

President:

Dennis Ahern

Secretary:

Dennis Ahern

Treasurer:

Dennis Ahern

whose address shall be the same as the principal address of the Corporation.

ARTICLE 6 - DIRECTOR

The Director of the Corporation shall be:

Dennis Ahern

whose address shall be the same as the principal office of the Corporation.

ARTICLE 7 - CORPORATE CAPITALIZATION

The maximum number of shares of stock this corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock, each share having the par value of ONE DOLLAR (\$1.00).

ARTICLE 8 -POWERS OF CORPORATION

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

ARTICLE 9 - TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 10 - REGISTERED OWNER

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on their books of the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 11 - REGISTERED OFFICE AND REGISTERED AGENT

The initial address of the registered office of this Corporation is:

Thomas G. Pye, Esq.

2787 E. Oakland Park Blvd. Suite 301

Ft. Lauderdale, Florida 33018

The name of the registered agent of this Corporation at that address is Thomas G. Pye.

ARTICLE 12 - EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the forgoing Articles of Incorporation under the laws of the State of Florida this 20th day of November 1997.

Thomas G. Pye, incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Thomas G. Pye, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and forgoing Articles of Incorporation, is familiar with and accepts the obligations of the position of Registered Agent under the applicable provisions of the Florida Statutes.

Thomas G. Pye

PILED

7 DEC -1 PN 3-5

ECRETARY OF STATE

ANALYSES FI ORIE

P97000101527 THE PYE LAW FIRM

#3

A Professional Association

2787 East Oakland Park Boulevard Suite 301 Fort Lauderdale, Florida 33306

> Broward: 954.561.2100 Facsimile: 954.561.8190 Boca Raton: 561.750.7629

Internet Home Page: http://www.icanect.net/pyclaw

Email Address: pyelaw@icanect.net

THOMAS G. PYE Attorney at Law

OFFICES:

Fort Lauderdale Boca Raton March 22, 1998

> Division of Corporations 409 East Gaines Street Tallahassee, FI 32301

Dear Sir:

Please find enclosed:

Amendment to the Articles of Incorporation for the following business:

Associates Trust, Inc.

As well as a check in the amount of \$35.00 Please file this amendment and forward confirmation of same back to my attention at the above address.

Yours truly

Thomas G

Pye 000009

Aneno-N.C. 4-2-95 CC

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF ASSOCIATES TRUST, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST:

Amendments adopted:

ARTICLE 1- NAME

The name of the corporation is changed to ASSOCIATES TRUST, INCORPORATED.

ARTICLE 5 - OFFICERS

The officers of the corporation are changed to be President, Secretary, Treasurer as CRAIG CUTCLIFF, at the same address as the corporation.

ARTICLE 6 - DIRECTOR

The Director of the corporation is changed to be CRAIG CUTCLIFF, at the address of the corporation.

SECOND: Date of each amendments adoption is March 18th, 1998.

THIRD: Adoption of Amendments

The amendments were adopted by the incorporator without shareholder action and shareholder action was not required.

Signed this 18th day of March, 1998.

Thomas G. Pye, as incorporator

98 MAR 30 PM 12: 4:3

#4

PYE LAW FIRM

A Professional Association
2787 East Oakland Park Boulevard
Suite 301
Fort Lauderdale, Florida 33306

P97000101527

THOMAS G. PYE Attorney at Law

Telephone: 954.561.2100 Facsimile: 954.561.8190

Email: tom@pyelaw.com www.pyelaw.com

******35.00 *****35.00.

June 16, 1999

Division of Corporations 409 East Gaines Street Tallahassee, Fl 32301

Dear Sir:

Please find enclosed:

Amendment to the Articles of Incorporation for the following business:

Associates Trust, Incorporated

As well as a check in the amount of \$35.00 Please file this amendment and forward

confirmation of same back to my attention at the above address.

Yours truly,

Thomas G Pye

or the firm

99 JUN 22 AM II: 08

May-25-99 12:06P

954 561 8190

P.02

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF ASSOCIATES TRUST, INCORPORATED

99 JUN 22 AM II: 08
SECRETARY OF STATI

Pursuant to the provisions of section 607.1006, Florida Statutes, ASSOCIATES TRUST, INCORPORATED a Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST:

Amendments adopted:

ARTICLE 5 - OFFICERS

The officers of the corporation are changed to be President, Secretary, Treasurer as Keith M. Thomas, at: 445 NW 32nd Court., Oakland Park, Florida 33309

ARTICLE 6 - DIRECTOR

The Director of the corporation is changed to be Keith M. Thomas, at the address of the corporation.

SECOND: Date of each amendments adoption is May 25, 1999

THIRD: Adoption of Amendments

The amendments were adopted in accordence with the By-Laws and Ariticles of the corporation by the director and shareholder of the corporation

Signed this May 25, 1999

Keith M. Thomas

President

Director

Shareholder

May-25-99 01:04P

954 561 8190

-P.07

RESOLUTION OF BOARD OF DIRECTORS AND SHAREHOLDERS OF ASSOCIATES TRUST, INCORPORATED

WHEREAS, the Shareholders and Board of Associates Trust, Incorporated (hereinafter the company or the corporation) held a meeting; and

WHEREAS, James Craig Cutcliff was removed from the Board and as President and CEO of Associates Trust, Incorporated; and

WHEREAS, James Craig Cutcliff was responsible for the day to day operations of Associates Trust, Incorporated, and

WHEREAS, the company is desirous to officially and authoritatively appoint a successor to his position

IT IS NOW, THEREFORE, resolved that Keith M. Thomas shall:

- 1. Be President of Associates Trust, Incorporated.
- 2. Act as CEO of Associates Trust, Incorporated.
- 3. Manage and direct the day to day operations of Associates Trust, Incorporated.
- 4. Negotiate and enter into binding deals and contracts, as well as perform any and all duties associated with the licensing of the company with the proper licensing authorities for Associates Trust, Incorporated

Dated: May 25, 1999

Keith M. Thomas Sole Shareholder Board Member Meeting Secretary

I certify that a true and correct copy of the minutes of the meeting adopting the forgoing resolution is attached hereto and made a part hereof, by the of Associates Trust, Incorporated, this first day of May 25, 1999.

Keith M. Thomas Soje Shareholder Board Member Meeting Secretary

ECOND NOTICE:	CORPORATION WIL	I RE DISSOLVED ON	OR AFTER SEPTEMB	FR 30 1998
			AMOUNT DIE TO BENIETAT	



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State **DIVISION OF CORPORATIONS**

ASSOCIATES TRUST, INCORPORATED

P97000101527 (4)

Mailing Address

3471 N. FEDERAL HWY., STE, 506 FT. LAUDERDALE FL \$3308

Principal Place of Business

CICAIATHDE

3471 N. FEDERAL HWY., STE. 506 FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified 12/01/1997
. Principal Pla	ce of Business	2a. Mailing Address	\$		4. FEI Number Applied For
		26			Not Applicable
Sulle, Apt. #,	etc,	Suite, Apt. #, et	c.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	30 Cou	ntry	6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
PYE. 1	THOMAS G			81 N	Name
				82 5	Street Address (P.O. Box Number Is Not Acceptable)
				83	
				84 0	City FL 85 Zip Code
1. Pursuant to	the provisions of sections 607	.0502 and 607.1508, Florida S	Statutes, the abo	ve-na	-named corporation submits this statement for the purpose of changing its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE	Signalure, typed or printed name of registered agent and title		OTE: Registered Agent signature requ	
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VAME	DPST CUTCLIFF, CRAIG	DELETE	1.1 TITLE 1.2 NAME	Change Addition
STREET ADORESS			1.3 STREET ADDRESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	
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STREET ADDRESS			5.3 STREET ADDRESS	
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NAME			6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	
XTY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000101527

1. Corporation Name

3471 N. FEDERAL HWY., STE. 506

ASSOCIATES TRUST, INCORPORATED

Mailing Address Principal Place of Business

3471 N. FEDERAL HWY., STE. 506 FT. LAUDERDALE FL 33306

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90050 017 ***150.00



FT. LAUDERDALE F	L 33306	FI. DAUDENDALE FE 3000		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified 12/01/1997	
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City & State		City & State	<u>, , , , , , , , , , , , , , , , , , , </u>		00 May Be ed to Fees
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24	Name and Address of Cu		100	10. Name and Address of New Registered Agent	
	9. Name and Address of Co	· · ·	81 Na	me .	
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m i v entos es e			. 84 Cit	' FL	ip Code
HARL I STORE A	Continue 607	OFOR and 607 1508 Florida Statu	ites the above-nan	ned corporation submits this statement for the purpose of changing	its registered

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signature, typed or printed name of registered agent and title if ap		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Finding statutes, indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ETEN MUIDE REQUIRED ... A. 9ed- 01.1.7772

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000101527**

ASSOCIATES TRUST, INCORPORATED

Principal Place of Business

Mailing Address

	ipal Place of Business Apt. #, etc. Signature, typed or printed name of registered agent a corporation is eligible to satisfy its Intangible iling requirement and elects to do so, criteria on back) OFFICERS AND OFFICERS AND OFFICERS AND ORESS P. SIGNATURE AND OFFICERS AND	ļ				1841 1881 1881				
2. Principal F	Place of Business	3. Mailing Address								
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Zip	Country	33306 FT. LAUDERDALE FL 33306-1 Of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent MAS G Officers and title if applicable FILE NOW!!! After MAY 1, 2000 Make Check Payable OFFICERS AND DIRECTORS ST Delete Delete	Country	5.	Certificate of Status Desired		88.75 Ad	ditional		
(5)	6. Name and Address of Current R	legistered Agent		7.	Name and Address of New Re	gistered A	gent	Talahari Haranga		
(*)		8/	Name							
PYE	, THOMAS G		Street Ac	ddress (P.O. E	Box Number is Not Acceptable)					
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all after like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED

May 19, 2000 8:00 am Secretary of State

05-19-2000 90758 001 ***450.00

Entity Name	00101527	4° + + +	Apr 0	2, 2001 8: etary of S	00 an
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			04-02-	2001 90081 041 *****	130.00
ncipal Place of Business	Mailing Address				
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Principal Place of Business	To Nation address				
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6. Name and Address of Cu		Name	7. Name and Address of New	w Registered Agent	
PYE, THOMAS G			ess (P.O. Box Number is Not Accepta	able)	
		City		FL Zip Cod	e
ing above named entity submits this statement	nent for the purpose of changing it	s registered office or reg	istered agent, or both, in the State of	Florida.	
NATURE Signature, triped or dinned name of registered Titis corporation is eligible to satisfy its Intar		TE: Registered Agent signalure re	quired when reinstating)	DATE	
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OCT. 14 2002 12:56PM, THE PYE LAW FIRM.

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PLEASE READ ALI	. INSTRUCTIONS BEFORE COMPLETING TH	IIS.FORM.
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DOCUMENT # P9700010527 1. Copperation Name ASSOCIA TES TRUST TALLAHASSEE, FLORIDA TOCOPORTO THE P9700010527 2. Principle Office Andrews 633 NW 24 St Substance of State Andrews 643 NW 14 NW		3. Mailing Office Address			் ம							
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Suite, Apt.	₩, etc.	-		Suite, Apt. #, etc			_			ASPER I	50	~
City & State	b			City & State			To Do Bus	rponeuse or Q siness in Flori		2 01	97	1
Wilto	M	And	orsiFL	wilto	n MAN	A CYC	5. FEI Numb	er			Applied For	-
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		Officers a	IN/OF Directors		Officer and/	or Director			City / St	ele / Zlp		
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT #

P97000101527

Entity Name

SSOCIATES TRUST, INCORPORATED



FILED Feb 17, 2003 8:00 am **Secretary of State**

02-17-2003 90163 044 ***150.00

					600 W. IT.						
33 N.W. 24 STREET	TON MANORS FL 33311 WILTON MANORS FL 33311										
Principal Place of B	usiness	3. Maili	ng Address			1	UBINARI 110 IBNE 1000 SANK OBI	11 46:8 1 (1811		1981 YUUS UU	{} [34] [400]
Suite, Apt. #, etc.		Suite	, Apt. #, etc.	-			CHECK HERE	IF MAKIN	G CH	ANGES	
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City & State		City	& State			4. FEIN	dilloe:				Applicable
Zip	Country	Zip		Coun	try		icate of Status Desired		Fee	75 Addit Required	ional
	ame and Address of Curren	t Registere	d Agent			7. Name	and Address of New F	legistered	Ager	nt	
6. N	ame and Address of Conten	t Hogisto.	-113	- "	Name						
DUE THOMAS C					Ctreet Address	e (P.O. Box N	umber is Not Acceptable	2)			٠ سي
PYE, THOMAS G					SILDOL ALDER	5 (1 <u>12-52-</u>		- 10.0		-	
408 W. UNIVERSI	IIY AVE.										
SUITE 108-B										Zip Code	
GAINESVILLE FL	32601 entity submits this statement				City			F	-		
FILE NO	typed or printed name of registered age OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.0	0	Dicable (NC	V.C. Hagiator	ed Agent signature requ		9. Election Campaign F Trust Fund Contributi			\$5.06 Added	May Be to Fees
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10.	OFFICERS AN	ID DIRECTO		11		ADDIT	OND/OTHINGED TO O] Change	Addition
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CITY-ST-ZIP									F	7 Change	Addition

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other productions are attachment with an address, with all they like empowered. CITY-ST-ZIP

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DOCUMENT# P97000101527

Entity Name: ASSOCIATES TRUST INCORPORATED

FILED Apr 09, 2004 Secretary of State

Entity Name: ASSOCIATES TROST, INCORPORATE	.0		
Current Principal Place of Business:	New Principal Place o	of Business:	
633 N.W. 24 STREET WILTON MANORS, FL 33311			
Current Mailing Address:	New Mailing Address	:	
633 N.W. 24 STREET WILTON MANORS, FL 33311			
FEI Number: 65-0807186 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
PYE, THOMAS G 408 W. UNIVERSITY AVE. SUITE 108-B GAINESVILLE, FL 32601 US			
The above named entity submits this statement for the pin the State of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ag	ent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: PST () Delete	Title:	() Change () Addition	

Name:

PST

() Delete THOMAS. KEITH M

Address: City-St-Zip: Title: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH THOMAS

PST

04/09/2004

Electronic Signature of Signing Officer or Director

DOCUMENT# P97000101527

Entity Name: ASSOCIATES TRUST, INCORPORATED

Apr 26, 2005 Secretary of State

Current Principal Place of Business:

633 N.W. 24 STREET

WILTON MANORS, FL 33311

Current Mailing Address:

633 N.W. 24 STREET WILTON MANORS, FL 33311

FEI Number: 65-0807186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of New Registered Agent:

New Principal Place of Business:

2408 NW 6TH TERRACE

New Mailing Address:

2408 NW 6TH TERRACE

WILTON MANORS, FL 33311

WILTON MANORS, FL 33311

PYE, THOMAS G 408 W. UNIVERSITY AVE. SUITE 108-B

GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

Name and Address of Current Registered Agent:

OFFICERS AND DIRECTORS:

Title: Name: Address:

() Delete THOMAS, KEITH M 633 N.W. 24 STREET

WILTON MANORS, FL 33311 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

(X) Change () Addition PST

Name: Address: THOMAS, KEITH M 2408 NW 6TH TERRACE

WILTON MANORS, FL 33311 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH THOMAS

PST

04/26/2005

Electronic Signature of Signing Officer or Director

DOCUMENT# P97000101527

Entity Name: ASSOCIATES TRUST, INCORPORATED

Apr 28, 2006 Secretary of State

Current Principal Place of Business:

2408 NW 6TH TERRACE WILTON MANORS, FL 33311

Current Mailing Address:

2408 NW 6TH TERRACE WILTON MANORS, FL 33311 **New Principal Place of Business:**

3874 SHERIDAN STREET HOLLYWOOD, FL 33021

New Mailing Address:

3874 SHERIDAN STREET HOLLYWOOD, FL 33021

FEI Number: 65-0807186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PYE, THOMAS G 408 W. UNIVERSITY AVE. SUITE 108-B GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: Name:

() Delete THOMAS, KEITH M

Address: City-St-Zip: 2408 NW 6TH TERRACE WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

PST (X) Change () Addition

Name:

THOMAS, KEITH M 3874 SHERIDAN STREET

Address: City-St-Zip:

HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH THOMAS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

DOCUMENT# P97000101527

Entity Name: ASSOCIATES TRUST, INCORPORATED

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:

3874 SHERIDAN STREET

HOLLYWOOD, FL 33021

Current Mailing Address:

3874 SHERIDAN STREET HOLLYWOOD, FL 33021

FEI Number: 65-0807186

FEI Number Applied For ()

FEI Number Not Applicable ()

1308

1308

New Principal Place of Business:

FORT LAUDERDALE, FL 33312

FORT LAUDERDALE, FL 33312

600 W. LAS OLAS BLVD

New Mailing Address:

600 W. LAS OLAS BLVD

Name and Address of New Registered Agent:

408 W. UNIVERSITY AVE. SUITE 108-B

GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

PYE, THOMAS G

Electronic Signature of Registered Agent

Date

Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

Name and Address of Current Registered Agent:

OFFICERS AND DIRECTORS:

Title: Name: Address: PST

() Delete THOMAS, KEITH M 3874 SHERIDAN STREET

City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Name: Address: THOMAS, KEITH M 600 W. LAS OLAS BLVD

City-St-Zip: FORT LAUDERDALE, FL 33312

hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH M. THOMAS

PST

04/10/2007

Electronic Signature of Signing Officer or Director

DOCUMENT# P97000101527

Entity Name: ASSOCIATES TRUST, INCORPORATED

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2625 NE 14TH AVE UNIT 504 WILTON MANORS, FL 33309

2625 NE 14TH AVE UNIT 504 WILTON MANORS, FL 33334

Current Mailing Address:

New Mailing Address:

2625 NE 14TH AVE UNIT 504 WILTON MANORS, FL 33309 2625 NE 14TH AVE UNIT 504 WILTON MANORS, FL 33334

FEI Number: 65-0807186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PYE, THOMAS G 408 W. UNIVERSITY AVE. SUITE 108-B GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: Name:

PST () Delete THOMAS, KEITH M

Address: 600 W. LAS OLAS BLVD

City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

PST (X) Change () Addition THOMAS, KEITH M

Name: Address:

2525 NE 14TH AVE. #504

City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH M. THOMAS

MR.

04/29/2008

Electronic Signature of Signing Officer or Director